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RESOURCE CENTER, HCFA

# MEDICARE/MEDICAID NURSING HOME INFORMATION

## MAINE

## 87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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# MEDICARE/MEDICAID NURSING HOME INFORMATION

## 1987-1988

## MAINE

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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The Administrator
Washington, D.C. 20201

# INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

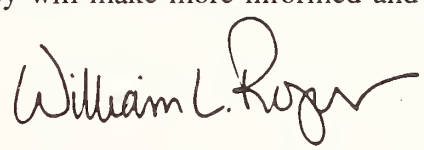
This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.



William L. Roper, M.D.
Administrator

# USES AND LIMITATIONS

## Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

# SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

## Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

## State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

John R. McKernan, Jr.
*Governor*

Rollin Ives
*Commissioner*

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

# OVERVIEW OF NURSING HOME LICENSURE PROGRAM

## Purpose

The State of Maine nursing home licensing program is operated to protect the health and welfare of persons needing institutional health services by assuring compliance with state licensing statutes.

## Organizational Structure

The Bureau of Medical Services is responsible for administering the licensing of Maine's two hundred and one nursing homes which include skilled nursing facilities, intermediate care facilities and intermediate care facilities for the mentally retarded. Its Division of Licensing and Certification employs fifty-one professional licensed nurses, social workers, sanitarians and administrative staff to oversee a statewide program that exceeds 10,366 long term care beds. Three district offices located in Portland, Augusta and Bangor supported by a central administrative office in Augusta provide coverage for an area that exceeds all of the other New England states. Dietitian, pharmacy and physician consultants are available to provide a further professional complement to the survey staff. The Division of Licensing and Certification investigates over three hundred nursing home complaints each year.

## General Procedures

Annually state licensing teams review each nursing home on site on an unannounced basis. The teams spend a minimum of three days reviewing and evaluating the total operation of the home and care provided to nursing home residents. Findings of noncompliance with licensing regulations are documented and a statement of deficiencies is issued requiring nursing home to provide rapid plans of correction acceptable to the Department of Human Services.

The Division of Licensing and Certification conducts follow up surveys and monitoring visits the ensure that appropriate corrections are made. The Division works cooperatively with the State Long Term Care Ombudsman's Office, the Bureau of Social Services and the Attorney General Office in investigating a variety of complaints received from the public and other state agencies.

## OVERVIEW OF ENFORCEMENT SYSTEM

Title 22 of the Revised Statutes of Maine provides the authority to the Department of Human Services to issue rules and regulations for licensure of nursing homes. Past remedies available to ensure compliance were right of entry for inspection, issuance or denial of license to operate a nursing home, temporary or conditional licenses, and a fine or imprisonment for operation of a nursing home without a license.

More recently, in April of 1988, the State Legislature passed legislation which authorized the Department of Human Services to impose intermediate sanctions to improve the quality of care in long term care facilities and reward those facilities that provide the highest quality care. The intermediate sanctions were also to serve as an alternative to taking action to close facilities

The law provides for a directed plan of correction or a fiscal penalty of a sum equal to $5.00 times the total number of residents residing in the facility per violation up to a maximum $5000.00 for each instance in which the Department issues a statement of deficiencies or cessation of new admissions depending on the circumstances. The Department must file a complaint with the Superior Court to impose any of these sanctions, subject to appeal rights under the Maine Administrative Procedure Act.

The State of Maine may also seek to have a receiver appointed by the Superior Court to operate a long term care facility under the following circumstances:

- A facility intends to close but has not arranged at least 30 days prior to closure for the orderly transfer of its residents.

- A emergency exists in a facility which threatens the health, security or welfare of residents.

- A condition exists in a facility which is in substantial or habitual violation of the standards of health, safety and resident care established under state or federal regulations to the detriment of the welfare of the residents.

## RESOURCES AVAILABLE TO CONSUMERS

- Division of Licensing and Certification, Bureau of Medical Services. The Division is responsible for state licensure and federal certification of nursing homes and investigations of compiaints.

Director, Division of Licensing and Certification
Bureau of Medical Services
State House Station # 11
249 Western Ave.
Augusta, Maine 04333
(207) 289-2606

- Ombudsman Program The Maine Committee on Aging operates the Long Term Care Ombudsman Program to respond to compiaints of nursing and boarding home residents and home based care recipients and their families.

Long Term Care Ombudsman Program
State House Station # 127
Augusta, Maine 04333
(207) 289-3658 or 1-800-452-1912

Medicaid Fraud and Abuse of Funds Units The Medicaid Fraud Control Unit is responsible to the Attorney General to investigate Medicaid fraud and abuse.

Medicaid Fraud Control Unit
Department of the Attorney General
State House Station # 6
Augusta, Maine 04333
(207) 289-3467

State Office on Aging The Maine Committee on Aging is appointed by the Governor to advise him, the legislature, the Federal Government and all state agencies on issues pertaining to Maine's elderly.

Maine Committee on Aging
State House Station # 127
Augusta, Maine 04333
(207) 289-3658 or 1-800-452-1912

Other State Programs The Division of Adult Services, Bureau of Social Services provides assistance to victims of abuse, neglect or exploitation.

Division of Adult Services
Maine Department of Human Services
221 State Street
State House Station # 11
Augusta, Maine 04333
(207) 289-5060

Adult and Children's Emergency Services
1-800-452-1999

Complaints - Complaints regarding nursing homes may be lodged at either the Division of Licensing and Certification, the Ombudsman Program or the Division of Adult Services.

## Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

**Office for Civil Rights (OCR)**

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

## OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

**Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

## HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

# FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

## General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

### Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

### Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

### Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

**Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

# GLOSSARY OF TERMS

## Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

**Catheter.** See **Urinary Catheter**.

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

**EXAMPLE**

# NURSING HOME PROFILE
## Happy Valley Nursing Home

| Street Address: | | City and State: | |
|---|---|---|---|
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory
**Street Address:** Self-explanatory
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

# NURSING HOME PROFILE
# BETHANY NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| HUSSEY RD | | ALBION ME 04910 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 25 | PROPRIETARY | 10/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 24 | 0 | 19 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 87.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 22 | 91.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 87.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 75.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 91.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 20.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 4.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 8 | 33.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 33.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 20 | 83.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 20 | 83.3 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0. |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AUBURN NURSING HOME INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 185 SUMMER ST | | AUBURN ME 04210 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 42 | PROPRIETARY | 10/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 42 | 0 | 42 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 31 | 73.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 32 | 76.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 73.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 71.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 71.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 33.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.4 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 19 | 45.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 12 | 28.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 19 | 45.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.4 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 8 | 19.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BOLSTER HEIGHTS NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 26 BOLSTER ST | | AUBURN ME 04210 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 94 | PROPRIETARY | 04/19/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 94 | 0 | 65 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 92 | 97.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 82 | 87.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 70 | 74.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 61 | 64.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 74.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 36 | 38.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 4 | 4.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 51 | 54.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 40 | 42.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 65 | 69.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 2.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 31 | 33.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CLOVER MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 440 MINOT AVE | | AUBURN ME 04210 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 125 | PROPRIETARY | 06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 120 | 0 | 66 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 96 | 80.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 103 | 85.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 92 | 76.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 102 | 85.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 100 | 83.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 44 | 36.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.7 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 48 | 40.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 50 | 41.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 69 | 57.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 4.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 38 | 31.7 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LOVELETT H C F

| Street Address: | | City and State: | |
|---|---|---|---|
| 392 TURNER ST | | AUBURN ME 04210 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 22 | PROPRIETARY | 08/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 22 | 0 | 22 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 13 | 59.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 16 | 72.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 8 | 36.4 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 54.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 50.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 9.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 13.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 4 | 18.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 2 | 9.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 4 | 18.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 5 | 22.7 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PROMENADE HEALTH CARE FACILITY

| Street Address: | | City and State: | |
|---|---|---|---|
| 27 CHARLES ST | | AUBURN ME 04210 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 29 | PROPRIETARY | 12/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 27 | 0 | 26 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 26 | 96.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 26 | 96.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 23 | 85.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 66.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 66.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 51.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 7.4 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 10 | 37.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 9 | 33.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 20 | 74.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 11.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 17 | 63.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SEVILLE PARK PLAZA

| Street Address: | | City and State: | |
|---|---|---|---|
| P.O. BOX 3480, STETSON ROAD | | AUBURN, ME 04210 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 36 | PROPRIETARY | 06/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 16 | 0 | 16 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 15 | 93.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 15 | 93.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 12 | 75.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 75.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 68.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 6.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 68.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 6.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 2 | 12.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 1 | 6.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 5 | 31.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 2 | 12.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AUGUSTA CONVALESCENT CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| 187 EASTERN AVE | | AUGUSTA ME 04330 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 78 | PROPRIETARY | 01/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 74 | 0 | 58 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 51 | 68.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 66.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 54 | 73.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 74.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 66.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 5.4 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 53 | 71.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.7 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 43 | 58.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 17 | 23.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 20 | 27.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 2.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 25 | 33.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AUGUSTA MENTAL HEALTH INSTITUTE

| Street Address: | | City and State: | |
|---|---|---|---|
| ARSENAL ST | | AUGUSTA ME 04330 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 70 | STATE GOVERNMENT | 02/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 69 | 0 | 62 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 53 | 76.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 94.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 71.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 49.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 64 | 92.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 34 | 49.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 40.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 27 | 39.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 27 | 39.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 58 | 84.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 2.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 34 | 49.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAINE VETERANS HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| CONY RD | | AUGUSTA ME 04330 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 120 | STATE GOVERNMENT | 11/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 119 | 0 | 67 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 88 | 73.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 106 | 89.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 93 | 78.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 105 | 88.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 92 | 77.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 24.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.7 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 60 | 50.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 40 | 33.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 62 | 52.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 7 | 5.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 32 | 26.9 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physicai abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WILLIAMS HEALTH CARE - GLENRIDGE

| Street Address: | | City and State: | |
|---|---|---|---|
| GLENRIDGE DR | | AUGUSTA ME 04330 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 120 | PROPRIETARY | 12/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 120 | 0 | 120 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 120 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 112 | 93.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 102 | 85.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 102 | 85.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 99 | 82.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 45 | 37.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.7 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 71 | 59.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 32 | 26.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 62 | 51.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 4.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 10 | 8.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WILLIAMS HEALTH CARE - GREY BIRCH

| Street Address: | | City and State: | |
|---|---|---|---|
| GREY BIRCH DR. | | AUGUSTA ME 04330 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 120 | PROPRIETARY | 11/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 120 | 2 | 82 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 106 | 88.3 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 100 | 83.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 83 | 69.2 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 98 | 81.7 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 85 | 70.8 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 4.2 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 16.7 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 1 | 0.8 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 62 | 51.7 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 38 | 31.7 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 72 | 60.0 | 55.2 | 58.4 |
| **Residents with bed sores.** | 4 | 3.3 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 38 | 31.7 | 50.2 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BANGOR CITY NURS HLTH CTR

| Street Address: | | City and State: | |
|---|---|---|---|
| 103 TEXAS AVE | | BANGOR ME 04401 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 56 | LOCAL GOVERNMENT | 04/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 54 | 1 | 47 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 90.7 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 50 | 92.6 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 51 | 94.4 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 87.0 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 90.7 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 63.0 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 5 | 9.3 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 28 | 51.9 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 28 | 51.9 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 35 | 64.8 | 55.2 | 58.4 |
| **Residents with bed sores.** | 3 | 5.6 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 4 | 7.4 | 50.2 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BANGOR CONVALESCENT CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| 516 MT HOPE AVE | | BANGOR ME 04401 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 78 | PROPRIETARY | 05/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 76 | 0 | 55 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 55 | 72.4 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 68 | 89.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 57 | 75.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 69.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 56.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 27.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 14 | 18.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 33 | 43.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 36 | 47.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 3.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 27 | 35.5 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BANGOR MENTAL HEALTH INSTITUTE

| Street Address: | | City and State: | |
|---|---|---|---|
| PO BOX 926 | | BANGOR ME 04401 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 130 | STATE GOVERNMENT | 11/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 128 | 0 | 92 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 111 | 86.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 90 | 70.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 72 | 56.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 100 | 78.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 58.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 40 | 31.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 8 | 6.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 39 | 30.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 36 | 28.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 90 | 70.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 1.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 31 | 24.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EASTERN MAINE MED CTR ROSS DIV SNF

| Street Address: | | City and State: | |
|---|---|---|---|
| 489 STATE ST , B | | BANGOR ME 04401 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 15 | NON-PROFIT OTHER | 08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 15 | 11 | 4 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 14 | 93.3 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 14 | 93.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 14 | 93.3 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 14 | 93.3 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 5 | 33.3 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 6.7 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 0 | 0.0 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 2 | 13.3 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 2 | 13.3 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 3 | 20.0 | 55.2 | 58.4 |
| **Residents with bed sores.** | 1 | 6.7 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 15 | 100 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# STILLWATER HEALTH CARE

| Street Address: | | City and State: | |
|---|---|---|---|
| 335 STILLWATER AVE | | BANGOR ME 04401 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 67 | PROPRIETARY | 12/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 66 | 0 | 38 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 60 | 90.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 62 | 93.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 56 | 84.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 69.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 59 | 89.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.5 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 40.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.5 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 17 | 25.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 46 | 69.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 30 | 45.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 22 | 33.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TAYLOR MEMORIAL PAVILLION

| Street Address: | City and State: | | |
|---|---|---|---|
| 268 STILLWATER AVE | BANGOR ME 04401 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 38 | NON-PROFIT OTHER | 02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 38 | 0 | 35 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 22 | 57.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 31 | 81.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 25 | 65.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 63.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 71.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 15.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 36.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 7 | 18.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 26.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 28 | 73.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 5.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 8 | 21.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTGATE MANOR INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 760 UNION ST | | BANGOR ME 04401 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 115 | PROPRIETARY | 03/31/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 113 | 0 | 76 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 99 | 87.6 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 112 | 99.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 90 | 79.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 106 | 93.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 65.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.5 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 54 | 47.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 23 | 20.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 61 | 54.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 86 | 76.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 34 | 30.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SONOGEE ESTATES

| Street Address: | | City and State: | |
|---|---|---|---|
| EDEN ST | | BAR HARBOR ME 04609 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 83 | PROPRIETARY | 07/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 82 | 0 | 58 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 67 | 81.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 73 | 89.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 76 | 92.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 91.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 87.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.7 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 19.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 23 | 28.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 28 | 34.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 23 | 28.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 3.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 51 | 62.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUMMIT HOUSE HEALTH CARE FACILITY

| Street Address: | | City and State: | |
|---|---|---|---|
| NORMAN RD | | BAR HARBOR ME 04609 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 80 | PROPRIETARY | 05/19/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 62 | 0 | 35 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 53.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 64.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 54.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 45.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 61.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 23 | 37.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 8.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 11 | 17.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 1 | 1.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 4 | 6.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 4.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 15 | 24.2 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BATH NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| WINSHIP ST | | BATH ME 04530 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 72 | PROPRIETARY | 04/12/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 69 | 0 | 47 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 82.6 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 64 | 92.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 61 | 88.4 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 62.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 82.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.9 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 27.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 5 | 7.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 32 | 46.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 34 | 49.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 52 | 75.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 7.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 25 | 36.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRADBURY MEMORIAL NURSING HOME

| Street Address: | City and State: | | |
|---|---|---|---|
| 32 HIGH ST | BELFAST ME 04915 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 56 | PROPRIETARY | 09/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 55 | 0 | 36 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 25 | 45.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 92.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 65.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 70.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 63.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 12.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 21 | 38.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 14.5 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 35 | 63.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 5 | 9.1 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TALL PINES

| Street Address: | | City and State: | |
|---|---|---|---|
| 20 WIGHT ST | | BELFAST ME 04915 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 70 | PROPRIETARY | 12/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 68 | 0 | 43 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 70.6 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 82.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 41 | 60.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 64.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 7.4 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 25.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 17 | 25.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 20.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 39 | 57.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 4.4 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 9 | 13.2 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RIVERWOOD HEALTH CARE CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| 355 POOL RD | | BIDDEFORD ME 04005 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 61 | PROPRIETARY | 08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 60 | 0 | 40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 53 | 88.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 55 | 91.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 43 | 71.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 68.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 68.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 31.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 13 | 21.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 20 | 33.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 33 | 55.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 10 | 16.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SOUTHRIDGE LIVING CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| 173 SOUTH ST | | BIDDEFORD ME 04005 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 124 | PROPRIETARY | 06/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 120 | 0 | 98 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 85 | 70.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 94 | 78.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 63 | 52.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 97 | 80.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 87 | 72.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 7 | 5.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 18.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 30 | 25.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 35 | 29.2 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 54 | 45.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 4.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 50 | 41.7 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST ANDRES HEALTH CARE FACILITY

| Street Address: | | City and State: | |
|---|---|---|---|
| 407 POOL RD | | BIDDEFORD ME 04005 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 96 | NON-PROFIT OTHER | 02/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 96 | 0 | 63 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 80 | 83.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 86 | 89.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 72 | 75.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 84 | 87.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 78 | 81.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 42 | 43.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 33.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 36 | 37.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 31 | 32.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 52 | 54.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 2.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 25 | 26.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TRULL NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 15 MAY ST | | BIDDEFORD ME 04005 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 49 | PROPRIETARY | 05/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 44 | 0 | 36 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 43 | 97.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 41 | 93.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 70.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 75.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 72.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 38.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 3 | 6.8 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 18 | 40.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 21 | 47.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 33 | 75.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 9.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SOMERSET MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| OWEN ST | | BINGHAM ME 04920 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 34 | PROPRIETARY | 01/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 32 | 0 | 27 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 23 | 71.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 31 | 96.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 65.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 62.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 93.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 28.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 3 | 9.4 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 17 | 53.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 7 | 21.9 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 18 | 56.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 3.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 16 | 50.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREGORY WING OF ST. ANDREW'S HOSPITAL

| Street Address: | | City and State: | |
|---|---|---|---|
| 3 ST. ANDREWS LANE | | BOOTHBAY HARBOR, ME 04538 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 30 | NON-PROFIT OTHER | 04/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 2 | 1 | 0 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 2 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 2 | 100 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 2 | 100 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 2 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 50.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 0 | 0.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 1 | 50.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 1 | 50.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 1 | 50.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BREWER CONV CTR

| Street Address: | | City and State: | |
|---|---|---|---|
| 74 PARKWAY S | | BREWER ME 04412 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 116 | PROPRIETARY | 04/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 113 | 0 | 84 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 68 | 60.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 107 | 94.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 113 | 100 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 96 | 85.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 111 | 98.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 19 | 16.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 33 | 29.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 25 | 22.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 75 | 66.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 21 | 18.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 2.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 110 | 97.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRIDGTON HEALTH CARE CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| ROUTE 302 | | BRIDGTON ME 04009 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 70 | PROPRIETARY | 05/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 66 | 0 | 47 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 58 | 87.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 84.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 68.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 72.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 68.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 12.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 28.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 10 | 15.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 17 | 25.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 42 | 63.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 4 | 6.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 28 | 42.4 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRUNSWICK CONV CTR

| Street Address: | City and State: | | |
|---|---|---|---|
| 70 BARIBEAU DR | BRUNSWICK ME 04011 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 82 | PROPRIETARY | 06/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 71 | 0 | 62 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 59 | 83.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 73.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 53 | 74.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 63.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 67.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 26.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.8 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 28 | 39.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 19 | 26.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 47 | 66.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 71 | 100 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRUNSWICK MANOR NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 26-28 CUMBERLAND ST | | BRUNSWICK ME 04011 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 51 | PROPRIETARY | 08/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 47 | 0 | 33 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 85.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 89.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 76.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 80.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 66.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 21.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 24 | 51.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 29.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 24 | 51.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 16 | 34.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | NOT MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MERE POINT NURSING HOME

| Street Address: | City and State: | | |
|---|---|---|---|
| MERE POINT RD | BRUNSWICK ME 04011 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 26 | PROPRIETARY | 02/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 24 | 0 | 17 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 20 | 83.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 23 | 95.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 18 | 75.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 16 | 66.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 70.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 25.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 4.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 25.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 33.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 9 | 37.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 5 | 20.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# REGIONAL MEM HOSP SNF-BODWELL HOUSE

| Street Address: | | City and State: | |
|---|---|---|---|
| PERRY DR | | BRUNSWICK ME 04011 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 98 | NON-PROFIT OTHER | 09/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 6 | 2 | 3 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 4 | 66.7 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 6 | 100 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 2 | 33.3 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 2 | 33.3 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 3 | 50.0 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 2 | 33.3 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 1 | 16.7 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 55.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 3 | 50.0 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BARNARD NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| PALMER ST EXTENSION | | CALAIS ME 04619 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 100 | PROPRIETARY | 01/08/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 100 | 0 | 83 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 98 | 98.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 98 | 98.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 83 | 83.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 71.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 82.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 39 | 39.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 12 | 12.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 37 | 37.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 79 | 79.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 14 | 14.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 64 | 64.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CALAIS REGIONAL HOSPITAL SNF

| Street Address: | | City and State: | |
|---|---|---|---|
| 50 FRANKLIN STREET | | CALAIS ME 04619 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 8 | NON-PROFIT PRIVATE | 03/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 1 | 1 | 0 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 1 | 100 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 1 | 100 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 1 | 100 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 1 | 100 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 100 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 1 | 100 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 1 | 100 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 55.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 1 | 100 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CAMDEN COMM HOSP+HLTH CRE

| Street Address: | | City and State: | |
|---|---|---|---|
| 108 ELM ST | | CAMDEN ME 04843 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 198 | NON-PROFIT PRIVATE | 07/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 190 | 3 | 136 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 172 | 90.5 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 164 | 86.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 158 | 83.2 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 155 | 81.6 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 169 | 88.9 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 10 | 5.3 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 57 | 30.0 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 3 | 1.6 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 78 | 41.1 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 86 | 45.3 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 137 | 72.1 | 55.2 | 58.4 |
| **Residents with bed sores.** | 8 | 4.2 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 168 | 88.4 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CAMDEN NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 19 MOUNTAIN ST | | CAMDEN ME 04843 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 29 | PROPRIETARY | 07/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 28 | 0 | 17 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 75.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 25 | 89.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 22 | 78.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 78.6 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 60.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 16 | 57.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 53.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 21.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 6 | 21.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 14 | 50.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 14 | 50.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VICTORIAN VILLA NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 29 PLEASANT ST | | CANTON ME 04221 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 51 | PROPRIETARY | 09/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 49 | 0 | 45 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** Residents requiring some or total assistance in bathing. | 37 | 75.5 | 82.1 | 78.3 |
| **Dressing** Residents requiring some or total assistance in dressing. | 36 | 73.5 | 87.2 | 76.7 |
| **Toileting** Residents requiring some or total assistance in toileting. | 34 | 69.4 | 75.3 | 63.4 |
| **Transferring** Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 81.6 | 77.2 | 66.0 |
| **Continence** Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 63.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** Residents receiving tube feedings or requiring assistance with eating. | 10 | 20.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 12.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 15 | 30.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 32 | 65.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VIKING I C F , INC

| Street Address: | | City and State: | |
|---|---|---|---|
| SCOTT DYER RD | | CAPE ELIZABETH ME 04107 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 60 | PROPRIETARY | 02/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 60 | 0 | 36 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 75.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 78.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 47 | 78.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 73.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 78.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 21.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 11 | 18.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 18 | 30.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 27 | 45.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 6 | 10.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 6.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARIBOU NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 10 BERNADETTE ST | | CARIBOU ME 04736 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 110 | PROPRIETARY | 10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 107 | 0 | 90 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 90 | 84.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 100 | 93.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 80 | 74.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 80 | 74.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 76.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 41 | 38.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 40 | 37.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 57 | 53.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 69 | 64.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 6 | 5.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | .40 | 37.4 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COUNTRY MANOR NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| BX 76 | | COOPERS MILLS ME 04341 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 53 | PROPRIETARY | 08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 42 | 0 | 37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 36 | 85.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 92.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 76.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 71.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 78.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 14 | 33.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 31.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 10 | 23.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 7 | 16.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 33 | 78.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 4 | 9.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 17 | 40.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COVE'S EDGE ICF

| Street Address: | | City and State: | |
|---|---|---|---|
| BRISTOL ROAD | | DAMARISCOTTA ME 04543 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 41 | NON-PROFIT PRIVATE | 08/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 40 | 0 | 23 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 35 | 87.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 100 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 95.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 90.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 77.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 15.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 14 | 35.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 13 | 32.5 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 13 | 32.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 7.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 23 | 57.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DANFORTH NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| DEPOT ST | | DANFORTH ME 04424 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 17 | PROPRIETARY | 10/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 16 | 0 | 16 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 16 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 15 | 93.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 15 | 93.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 81.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 68.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 31.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 7 | 43.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 3 | 18.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 8 | 50.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 7 | 43.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ISLAND NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| RFD BOX 124 | | DEER ISLE ME 04627 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 50 | NON-PROFIT OTHER | 11/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 50 | 0 | 35 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 96.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 94.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 48 | 96.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 46 | 92.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 6.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 50.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 31 | 62.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 16 | 32.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 30 | 60.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 42 | 84.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DEXTER NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 64 PARK ST | | DEXTER ME 04930 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 66 | PROPRIETARY | 06/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 62 | 0 | 49 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 71.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 48 | 77.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 71.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 71.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 48.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 25.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 39 | 62.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 23 | 37.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 31 | 50.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 4.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 16 | 25.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DIXFIELD HEALTH CARE CTR

| Street Address: | | City and State: | |
|---|---|---|---|
| WELD ST + COBURN AVE | | DIXFIELD ME 04224 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 55 | PROPRIETARY | 05/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 52 | 0 | 44 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 84.6 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 45 | 86.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 69.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 67.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 71.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 34.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 11 | 21.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 20 | 38.5 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 25 | 48.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 17 | 32.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HIBBARD NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| GUILFORD RD | | DOVER-FOXCROFT ME 04426 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 78 | PROPRIETARY | 03/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 75 | 2 | 37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 63 | 84.0 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 67 | 89.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 63 | 84.0 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 84.0 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 80.0 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 35 | 46.7 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.3 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 22 | 29.3 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 36 | 48.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 20 | 26.7 | 55.2 | 58.4 |
| **Residents with bed sores.** | 1 | 1.3 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 34 | 45.3 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EAGLE LAKE N H

| Street Address: | City and State: | | |
|---|---|---|---|
| CHURCH ST | EAGLE LAKE ME 04739 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 60 | NON-PROFIT OTHER | 11/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 51 | 0 | 49 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 98.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 48 | 94.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 46 | 90.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 88.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 68.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 45.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 11 | 21.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 20 | 39.2 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 31 | 60.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.9 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAPLECREST NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| RT1 | | EAST SULLIVAN ME 04689 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 34 | PROPRIETARY | 04/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 34 | 0 | 33 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 30 | 88.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 29 | 85.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 29 | 85.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 79.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 20.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 17.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 29.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 19 | 55.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 5.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 11.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EASTPORT MEM HOSP ICF UNIT

| Street Address: | | City and State: | |
|---|---|---|---|
| 23 BOYNTON ST | | EASTPORT ME 04631 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 26 | NON-PROFIT OTHER | 09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 26 | 0 | 24 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 20 | 76.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 19 | 73.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 17 | 65.4 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 69.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 84.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 23.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 5 | 19.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 30.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 8 | 30.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 10 | 38.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 11 | 42.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLLIER NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 33 BIRCH AVE | | ELLSWORTH ME 04605 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 44 | PROPRIETARY | 06/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 44 | 0 | 28 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 75.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 86.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 72.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 77.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 9.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 47.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 23 | 52.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 12 | 27.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 27 | 61.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 10 | 22.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELLSWORTH CONVALESCENT CTR

| Street Address: | | City and State: | |
|---|---|---|---|
| 38 COURT ST | | ELLSWORTH ME 04605 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 94 | PROPRIETARY | 03/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 81 | 0 | 66 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 76 | 93.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 67 | 82.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 67 | 82.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 82.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 71 | 87.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 18.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.5 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 44 | 54.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 34 | 42.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 63 | 77.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 3.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 24 | 29.6 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PLEASANT HILL NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| MOUNTAIN RD | | FAIRFIELD ME 04937 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 95 | PROPRIETARY | 06/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 94 | 0 | 87 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 58 | 61.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 69 | 73.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 57 | 60.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 47.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 67 | 71.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 16.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 25.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 34 | 36.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 6 | 6.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 61 | 64.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 8 | 8.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 43 | 45.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FALMOUTH BY THE SEA

| Street Address: | | City and State: | |
|---|---|---|---|
| 191 FORESIDE RD | | FALMOUTH ME 04105 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 70 | PROPRIETARY | 04/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 58 | 0 | 30 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 58 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 96.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 77.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 82.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 81.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 48.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 31 | 53.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 25 | 43.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 48 | 82.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 4 | 6.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 10 | 17.2 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EDGEWOOD MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 70 NORTH MAIN STREET | | FARMINGTON ME 04938 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 53 | PROPRIETARY | 01/20/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 52 | 0 | 41 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 47 | 90.4 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 80.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 37 | 71.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 59.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 36.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 9 | 17.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 22 | 42.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 52 | 100 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 19 | 36.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 3.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 15 | 28.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ORCHARD PARK

| Street Address: | | City and State: | |
|---|---|---|---|
| 18 ORCHARD ST | | FARMINGTON ME 04938 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 32 | PROPRIETARY | 11/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 32 | 0 | 31 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 28 | 87.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 29 | 90.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 84.4 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 68.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 90.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 21.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 9 | 28.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 7 | 21.9 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 32 | 100 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 7 | 21.9 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SANDY RIVER NURSING CARE CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| ROUTE 133 | | FARMINGTON ME 04938 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 95 | PROPRIETARY | 06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 95 | 0 | 61 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 72 | 75.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 79 | 83.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 59 | 62.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 48.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 72.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 44 | 46.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 8.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 29 | 30.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 13 | 13.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 61 | 64.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 37 | 38.9 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FORREST HILL MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| BOLDUC AVE | | FORT KENT ME 04743 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 45 | PROPRIETARY | 08/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 45 | 0 | 40 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 97.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 44 | 97.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 80.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 62.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 71.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 66.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 21 | 46.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 20 | 44.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 20 | 44.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 11 | 24.4 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FREEPORT CONV CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| OLD COUNTY RD | | FREEPORT ME 04032 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 82 | PROPRIETARY | 07/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 59 | 0 | 55 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 81.4 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 57 | 96.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 83.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 78.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 83.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 25.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.7 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 9 | 15.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 38 | 64.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 40 | 67.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 4 | 6.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 49 | 83.1 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FREEPORT NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 3 EAST ST | | FREEPORT ME 04032 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 60 | NON-PROFIT PRIVATE | 10/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 60 | 0 | 40 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 60 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 58 | 96.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 51 | 85.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 73.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 86.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 35.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 5 | 8.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 23 | 38.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 43 | 71.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 5.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FRYEBURG HLTH CARE CTR

| Street Address: | | City and State: | |
|---|---|---|---|
| 77 FAIRVIEW DR | | FRYEBURG ME 04037 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 82 | PROPRIETARY | 02/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 81 | 0 | 56 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 71 | 87.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 71 | 87.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 61 | 75.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 72.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 81.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 33 | 40.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 44 | 54.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 37 | 45.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 58 | 71.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 3.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 59 | 72.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HICKS NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 27 OXFORD ST | | FRYEBURG ME 04037 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 27 | PROPRIETARY | 05/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 25 | 0 | 17 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 16 | 64.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 18 | 72.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 15 | 60.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 64.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 2 | 8.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 3 | 12.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 32.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 12 | 48.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 2 | 8.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MERRILL MEMORIAL MANOR

| Street Address: | City and State: | | |
|---|---|---|---|
| 146 DRESDEN AVE | GARDINER ME 04345 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 64 | PROPRIETARY | 12/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 61 | 0 | 52 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 58 | 95.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 58 | 95.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 56 | 91.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 86.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 86.9 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 19.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.6 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 31 | 50.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 13.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 47 | 77.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 52 | 85.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROBINSON HLTH CARE FAC

| Street Address: | City and State: | | |
|---|---|---|---|
| 284 BRUNSWICK AVE | GARDINER ME 04345 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 50 | PROPRIETARY | 06/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 50 | 0 | 39 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 41 | 82.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 41 | 82.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 39 | 78.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 88.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 19 | 38.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 68.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 12 | 24.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 20.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 28 | 56.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 13 | 26.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KENNEBEC VALLEY MED CTR-GARDINER

| Street Address: | | City and State: | |
|---|---|---|---|
| 150 DRESDEN AVENUE | | GARDINER, MAINE 04345 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 19 | NON-PROFIT OTHER | 07/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 1 | 0 | 1 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 1 | 100 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 1 | 100 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 1 | 100 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 1 | 100 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 100 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 100 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 1 | 100 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 1 | 100 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 1 | 100 | 55.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 1 | 100 | 50.2 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GORHAM MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 30 NEW PORTLAND RD | | GORHAM ME 04038 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 24 | PROPRIETARY | 06/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 23 | 0 | 4 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 23 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 21 | 91.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 91.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 87.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 91.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 60.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 4.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 14 | 60.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 43.5 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 14 | 60.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 8.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 6 | 26.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREEN ACRES MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| P.O. BOX 180 | | GREENE ME 04236 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 59 | PROPRIETARY | 03/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 56 | 0 | 33 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 85.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 82.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 64.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 46.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 60.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 14.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 17.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 10 | 17.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 19 | 33.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 11 | 19.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 37 | 66.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 19 | 33.9 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHAS A DEAN MEM HOSP ICF UNIT

| Street Address: | | City and State: | |
|---|---|---|---|
| PRITHAM AVE | | GREENVILLLE ME 04441 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 36 | NON-PROFIT OTHER | 10/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 36 | 0 | 26 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 31 | 86.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 32 | 88.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 18 | 50.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 97.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 61.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 47.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 13 | 36.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 6 | 16.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 14 | 38.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 2.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SANFIELD MANORNG HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| MAIN ST | | HARTLAND ME 04943 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 47 | PROPRIETARY | 04/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 47 | 0 | 38 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 95.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 85.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 93.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 85.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 87.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 38.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 23 | 48.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 6 | 12.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 28 | 59.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CRESTVIEW NRSG HME

| Street Address: | | City and State: | |
|---|---|---|---|
| CALAIS RD | | HOULTON ME 04730 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 20 | PROPRIETARY | 07/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 20 | 0 | 20 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 9 | 45.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 20 | 100 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 13 | 65.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 65.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 10 | 50.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 35.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 30.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 6 | 30.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 15 | 75.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 1 | 5.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GARDINER NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 8 HOLLAND ST | | HOULTON ME 04730 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 55 | PROPRIETARY | 01/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 54 | 0 | 40 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 85.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 87.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 70.4 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 77.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 63.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 46.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 20 | 37.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 24 | 44.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 46 | 85.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HOULTON REGIONAL HOSP

| Street Address: | | City and State: | |
|---|---|---|---|
| 20 HARTFORD ST | | HOULTON ME 04730 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 24 | NON-PROFIT OTHER | 06/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 20 | 1 | 19 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 15 | 75.0 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 17 | 85.0 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 14 | 70.0 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 100 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 55.0 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 25.0 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 11 | 55.0 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 2 | 10.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 9 | 45.0 | 55.2 | 58.4 |
| **Residents with bed sores.** | 7 | 35.0 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 2 | 10.0 | 50.2 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MADIGAN ESTATES

| Street Address: | | City and State: | |
|---|---|---|---|
| 93 MILITARY ST | | HOULTON ME 04730 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 55 | PROPRIETARY | 03/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 54 | 0 | 34 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 32 | 59.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 87.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 66.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 70.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 46.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 24.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 17 | 31.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 25.9 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 29 | 53.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 13 | 24.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CUMMINGS HEALTH CRE FAC

| Street Address: | | City and State: | |
|---|---|---|---|
| BOX 307 | | HOWLAND ME 04448 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 40 | PROPRIETARY | 08/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 40 | 0 | 38 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 97.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 87.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 90.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 97.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 5.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 45.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 20 | 50.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 35.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 30 | 75.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 12.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 40 | 100 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# JACKMAN REGION HLTH CTR

| Street Address: | | City and State: | |
|---|---|---|---|
| ROUTE 201 MAIN ST | | JACKMAN STATION ME 04946 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 18 | PROPRIETARY | 10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 16 | 0 | 15 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 16 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 16 | 100 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 16 | 100 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 81.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 87.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 25.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 37.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 6.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 37.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 4 | 25.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 12 | 75.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 1 | 6.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RESTHAVEN NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| OCEAN ST | | JONESPORT ME 04649 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 22 | NON-PROFIT RELIGIOUS | 11/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 22 | 0 | 22 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 18 | 81.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 19 | 86.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 17 | 77.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 59.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 12 | 54.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 22.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 12 | 54.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 1 | 4.5 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 12 | 54.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 4.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 18.2 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KENNEBUNK N H

| Street Address: | | City and State: | |
|---|---|---|---|
| ROSS RD | | KENNEBUNK ME 04043 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 70 | PROPRIETARY | 10/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 67 | 0 | 38 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 65.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 76.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 73.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 58.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 59.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 11 | 16.4 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 14.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 19 | 28.4 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 19 | 28.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 25 | 37.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 3.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 8 | 11.9 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HOMESTEAD

| Street Address: | | City and State: | |
|---|---|---|---|
| US RT 1 | | KITTERY ME 03904 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 61 | NON-PROFIT PRIVATE | 02/26/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 57 | 0 | 34 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 51 | 89.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 89.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 41 | 71.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 82.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 73.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 24.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.8 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 44 | 77.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 17 | 29.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 38 | 66.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 5.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 54 | 94.7 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# D'YOUVILLE PAVILLION

| Street Address: | | City and State: | |
|---|---|---|---|
| 100 CAMPUS AVE | | LEWISTON ME 04240 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 280 | NON-PROFIT OTHER | 06/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 271 | 0 | 231 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 224 | 82.7 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 223 | 82.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 206 | 76.0 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 209 | 77.1 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 209 | 77.1 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 4 | 1.5 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 106 | 39.1 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 3 | 1.1 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 107 | 39.5 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 99 | 36.5 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 146 | 53.9 | 55.2 | 58.4 |
| **Residents with bed sores.** | 14 | 5.2 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 110 | 40.6 | 50.2 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SHEPHERD HLTH CRE FAC

| Street Address: | | City and State: | |
|---|---|---|---|
| 67 WEBSTER ST | | LEWISTON ME 04240 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 20 | PROPRIETARY | 11/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 20 | 0 | 20 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 18 | 90.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 8 | 40.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 13 | 65.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 10 | 50.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 70.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 40.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 0 | 0.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 7 | 35.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 17 | 85.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 1 | 5.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MARSHWOOD HLTH CARE FAC

| Street Address: | | City and State: | |
|---|---|---|---|
| ROGER AVE | | LEWISTON ME 04240 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 120 | PROPRIETARY | 09/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 119 | 0 | 119 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 80 | 67.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 83 | 69.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 74 | 62.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 59.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 46.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 18.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 3 | 2.5 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 68 | 57.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 34 | 28.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 49 | 41.2 | 65.7 | 55.8 |
| **Residents with bed sores.** | 7 | 5.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 45 | 37.8 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MONTELLO MANOR NURSING HOME SNF

| Street Address: | City and State: | | |
|---|---|---|---|
| 540 COLLEGE AVE | LEWISTON ME 04240 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 141 | PROPRIETARY | 07/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 131 | 5 | 108 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 105 | 80.2 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 109 | 83.2 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 100 | 76.3 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 105 | 80.2 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 87 | 66.4 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.8 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 60 | 45.8 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 4 | 3.1 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 61 | 46.6 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 66 | 50.4 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 62 | 47.3 | 55.2 | 58.4 |
| **Residents with bed sores.** | 7 | 5.3 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 131 | 100 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RUSSELL PARK MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 158-178 RUSSELL ST | | LEWISTON ME 04240 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 120 | PROPRIETARY | 04/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 117 | 0 | 84 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 93 | 79.5 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 102 | 87.2 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 88 | 75.2 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 92 | 78.6 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 83 | 70.9 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 24.8 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 11 | 9.4 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 35 | 29.9 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 40 | 34.2 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 17 | 14.5 | 55.2 | 58.4 |
| **Residents with bed sores.** | 8 | 6.8 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 29 | 24.8 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST CASIMIR HEALTH CARE FAC INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 69 HORTON ST | | LEWISTON ME 04240 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 23 | PROPRIETARY | 12/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 23 | 0 | 20 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 91.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 20 | 87.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 15 | 65.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 11 | 47.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 82.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 39.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 2 | 8.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 2 | 8.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 13 | 56.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 7 | 30.4 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL ACRES NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| WORKMAN TERRACE | | LINCOLN ME 04457 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 78 | PROPRIETARY | 01/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 75 | 0 | 51 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 66.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 86.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 85.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 82.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 75 | 100 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 29.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 28 | 37.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 75 | 100 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 75 | 100 | 65.7 | 55.8 |
| **Residents with bed sores.** | 75 | 100 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 53 | 70.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PENOBSCOT VALLEY HOSPITAL SNF

| Street Address: | | City and State: | |
|---|---|---|---|
| TRANSALPINE RD. BOX 368 | | LINCOLN ME 04457 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 9 | LOCAL GOVERNMENT | 02/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 1 | 1 | 0 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 1 | 100 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 1 | 100 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 1 | 100 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 1 | 100 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 100 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 100 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 1 | 100 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 1 | 100 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 1 | 100 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 55.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 1 | 100 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAMP NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 64 LISBON RD | | LISBON ME 04252 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 36 | PROPRIETARY | 02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 36 | 0 | 29 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 28 | 77.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 32 | 88.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 28 | 77.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 83.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 63.9 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 33.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 5 | 13.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 2 | 5.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 15 | 41.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 22 | 61.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 8.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 18 | 50.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# POMEROY HILL N H

| Street Address: | | City and State: | |
|---|---|---|---|
| FIORICA RD | | LIVERMORE FALLS ME 04254 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 60 | PROPRIETARY | 02/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 58 | 0 | 50 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 79.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 79.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 43 | 74.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 75.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 75.9 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 25.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 16 | 27.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 18 | 31.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 38 | 65.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 16 | 27.6 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OCEAN VIEW NURSING HOME

| Street Address: | City and State: | | |
|---|---|---|---|
| 48 WASHINGTON ST | LUBEC ME 04652 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 50 | PROPRIETARY | 08/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 50 | 0 | 45 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 27 | 54.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 80.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 64.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 58.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 76.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 8.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 40.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 14 | 28.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 11 | 22.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 29 | 58.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 6.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 19 | 38.0 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MARSHALL HLTH CARE FACILITY

| Street Address: | City and State: | | |
|---|---|---|---|
| HIGH ST EXTENSION | MACHIAS ME 04654 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 65 | PROPRIETARY | 03/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 65 | 0 | 56 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 58 | 89.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 100 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 53 | 81.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 80.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 41.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 20 | 30.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 28 | 43.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 40 | 61.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 4.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 18 | 27.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HIGH VIEW MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 40 RIVER VIEW ST | | MADAWASKA ME 04756 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 78 | PROPRIETARY | 05/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 77 | 0 | 75 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 47 | 61.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 63.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 42 | 54.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 40.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 54.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 22 | 28.6 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 31.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 12 | 15.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 18 | 23.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 31 | 40.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 3.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 25 | 32.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAPLECREST CENTER INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 174 MAIN ST | | MADISON ME 04950 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 58 | PROPRIETARY | 08/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 55 | 0 | 37 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 55 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 53 | 96.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 89.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 49 | 89.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 65.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 36 | 65.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 24 | 43.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 17 | 30.9 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 4 | 7.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 4 | 7.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 20 | 36.4 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE AROOSTOOK MEDICAL CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| HIGHLAND AVE | | MARS HILL ME 04758 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 96 | NON-PROFIT OTHER | 09/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 96 | 1 | 93 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 77 | 80.2 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 86 | 89.6 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 78 | 81.3 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 73 | 76.0 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 70.8 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.1 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 30.2 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 44 | 45.8 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 46 | 47.9 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 57 | 59.4 | 55.2 | 58.4 |
| **Residents with bed sores.** | 5 | 5.2 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 52 | 54.2 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MARCHALIN

| Street Address: | | City and State: | |
|---|---|---|---|
| MAIN ST | | MILBRIDGE ME 04658 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 65 | PROPRIETARY | 12/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 64 | 0 | 56 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 76.6 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 57 | 89.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 68.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 68.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 65.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 42.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.6 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 40 | 62.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 29 | 45.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 34 | 53.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 7 | 10.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 11 | 17.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | NOT MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KATAHDIN N H

| Street Address: | | City and State: | |
|---|---|---|---|
| 22 WALNUT ST | | MILLINOCKET ME 04462 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 50 | PROPRIETARY | 05/12/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 49 | 0 | 43 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 27 | 55.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 79.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 55.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 79.6 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 57.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 6.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 28.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 7 | 14.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 16 | 32.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 10 | 20.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 5 | 10.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORTH BERWICK NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| ELM ST | | NORTH BERWICK ME 03906 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 48 | PROPRIETARY | 04/08/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 47 | 0 | 37 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 37 | 78.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 41 | 87.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 42 | 89.4 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 85.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 83.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 4.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 38.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 25 | 53.2 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 21.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 31 | 66.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 8.5 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEDGEWOOD MANOR

| Street Address: | City and State: | | |
|---|---|---|---|
| P O BOX 760 | NORTH WINDHAM ME 04062 | | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 60 | PROPRIETARY | 05/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 60 | 0 | 46 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 80.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 55 | 91.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 57 | 95.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 93.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 54 | 90.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 46.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 33 | 55.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 27 | 45.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 51 | 85.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 5.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 60 | 100 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORWAY NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| MARION ST | | NORWAY ME 04268 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 72 | PROPRIETARY | 12/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 71 | 0 | 55 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 71 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 63 | 88.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 53 | 74.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 83.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 63.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 32.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 15 | 21.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 25 | 35.2 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 46 | 64.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 20 | 28.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELMS RESIDENCE NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 28 PORTLAND AVE | | OLD ORCHARD BEACH ME 04064 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 26 | PROPRIETARY | 06/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 25 | 0 | 17 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 84.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 22 | 88.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 18 | 72.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 16 | 64.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 64.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 28.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 24.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 4 | 16.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 17 | 68.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 8.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 9 | 36.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ORONO NH

| Street Address: | | City and State: | |
|---|---|---|---|
| BENNOCH RD | | ORONO ME 04473 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 112 | PROPRIETARY | 02/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 80 | 0 | 27 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 66 | 82.5 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 74 | 92.5 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 70 | 87.5 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 83.7 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 93.8 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 35 | 43.8 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 28 | 35.0 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 39 | 48.7 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 66 | 82.5 | 55.2 | 58.4 |
| **Residents with bed sores.** | 6 | 7.5 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 62 | 77.5 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# REST HAVEN NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| HOULTON ST | | PATTEN ME 04765 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 25 | PROPRIETARY | 10/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 24 | 0 | 23 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 22 | 91.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 21 | 87.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 20 | 83.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 11 | 45.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 13 | 54.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 12.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 6 | 25.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 5 | 20.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 21 | 87.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PENOBSCOT NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| MAIN ST | | PENOBSCOT ME 04476 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 93 | PROPRIETARY | 02/26/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 90 | 0 | 64 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 90 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 86 | 95.6 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 62 | 68.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 68.9 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 30.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 43 | 47.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 32 | 35.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 34 | 37.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 15 | 16.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PITTSFIELD CONVALESCENT CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| LEIGHTON STREET | | PITTSFIELD ME 04967 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 30 | PROPRIETARY | 07/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 28 | 0 | 23 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 16 | 57.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 26 | 92.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 26 | 92.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 89.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 57.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 21.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 8 | 28.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 50.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 16 | 57.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 21 | 75.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SEBASTICOOK VALLEY HCF

| Street Address: | | City and State: | |
|---|---|---|---|
| LEIGHTON ST | | PITTSFIELD ME 04967 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 64 | PROPRIETARY | 08/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 64 | 0 | 63 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 89.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 62 | 96.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 55 | 85.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 84.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 87.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.6 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 26.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 10 | 15.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 33 | 51.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 47 | 73.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 4.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.7 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BARRON CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| 1151 BRIGHTON AVE | | PORTLAND ME 04102 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 185 | LOCAL GOVERNMENT | 03/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 181 | 0 | 150 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 155 | 85.6 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 158 | 87.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 142 | 78.5 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 141 | 77.9 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 135 | 74.6 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 75 | 41.4 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 6 | 3.3 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 85 | 47.0 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 42 | 23.2 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 107 | 59.1 | 55.2 | 58.4 |
| **Residents with bed sores.** | 3 | 1.7 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 25 | 13.8 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DEVONSHIRE MANOR NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 68 DEVONSHIRE ST | | PORTLAND ME 04103 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 149 | PROPRIETARY | 03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 136 | 0 | 118 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 116 | 85.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 120 | 88.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 103 | 75.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 103 | 75.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 99 | 72.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 3.7 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 38 | 27.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 3 | 2.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 48 | 35.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 26 | 19.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 72 | 52.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 2.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 82 | 60.3 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLSIDE REST AND NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 161 PREBLE ST | | PORTLAND ME 04106 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 18 | PROPRIETARY | 07/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 18 | 0 | 14 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 18 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 16 | 88.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 15 | 83.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 72.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 77.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 4 | 22.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 5.6 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 7 | 38.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 4 | 22.2 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 16 | 88.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 5.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 18 | 100 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# JEWISH HOME FOR THE AGED

| Street Address: | | City and State: | |
|---|---|---|---|
| 158 NORTH ST | | PORTLAND ME 04101 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 88 | NON-PROFIT OTHER | 05/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 86 | 1 | 73 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 86 | 100 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 76 | 88.4 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 72 | 83.7 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 75.6 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 86.0 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 84 | 97.7 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 30.2 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.2 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 34 | 39.5 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 19 | 22.1 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 64 | 74.4 | 55.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 61 | 70.9 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NEW ENGLAND REHAB HOSPITAL OF PORTLAND

| Street Address: | | City and State: | |
|---|---|---|---|
| 13 CHARLSES STREET | | PORTLAND ME 04102 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 80 | PROPRIETARY | 09/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 26 | 16 | 7 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 16 | 61.5 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 24 | 92.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 24 | 92.3 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 92.3 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 88.5 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 17 | 65.4 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 23.1 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 3 | 11.5 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 21 | 80.8 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 4 | 15.4 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 6 | 23.1 | 55.2 | 58.4 |
| **Residents with bed sores.** | 3 | 11.5 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 14 | 53.8 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SEASIDE NURS RET HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 850 BAXTER BLVD | | PORTLAND ME 04101 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID SNF/ICF | 152 | PROPRIETARY | 10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 106 | 0 | 53 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 90 | 84.9 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 91 | 85.8 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 88 | 83.0 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 85 | 80.2 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 70.8 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 27.4 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 2 | 1.9 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 33 | 31.1 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 62 | 58.5 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 78 | 73.6 | 55.2 | 58.4 |
| **Residents with bed sores.** | 1 | 0.9 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 31 | 29.2 | 50.2 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SOUTH PORTLAND NURSING HOME INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 42 ANTHOINE ST | | PORTLAND ME 04106 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 73 | PROPRIETARY | 04/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 71 | 0 | 46 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 69 | 97.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 58 | 81.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 59 | 83.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 70 | 98.6 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 88.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 43.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 33 | 46.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 24 | 33.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 66 | 93.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 4 | 5.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 71 | 100 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPHS MANOR INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 1133 WASHINGTON ST | | PORTLAND ME 04103 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 200 | NON-PROFIT RELIGIOUS | 11/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 197 | 0 | 149 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 169 | 85.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 179 | 90.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 156 | 79.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 159 | 80.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 147 | 74.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 54 | 27.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 4 | 2.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 92 | 46.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 85 | 43.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 116 | 58.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 2.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 98 | 49.7 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PRESQUE ISLE NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 162 ACADEMY ST | | PRESQUE ISLE ME 04769 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 82 | PROPRIETARY | 02/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 79 | 0 | 67 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 68 | 86.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 66 | 83.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 81.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 79 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 63.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 10.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 50 | 63.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 25 | 31.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 39 | 49.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 55 | 69.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 40 | 50.6 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROCKLAND CONV CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| 201 CAMDEN ST | | ROCKLAND ME 04841 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 61 | PROPRIETARY | 05/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 61 | 0 | 36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 72.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 85.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 42 | 68.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 73.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 50.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 26.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 24 | 39.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 12 | 19.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 35 | 57.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 8.2 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 16 | 26.2 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE KNOX CENTER FOR LTC

| Street Address: | | City and State: | |
|---|---|---|---|
| 6 WHITE ST | | ROCKLAND ME 04841 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 44 | NON-PROFIT OTHER | 11/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 43 | 0 | 30 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 43 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 93.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 37 | 86.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 72.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 97.7 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 7 | 16.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 34.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 4 | 9.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 15 | 34.9 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 35 | 81.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 43 | 100 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COZY INN NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| EATON HILL RD | | RUMFORD ME 04276 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 57 | PROPRIETARY | 10/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 57 | 0 | 44 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** Residents requiring some or total assistance in bathing. | 51 | 89.5 | 82.1 | 78.3 |
| **Dressing** Residents requiring some or total assistance in dressing. | 53 | 93.0 | 87.2 | 76.7 |
| **Toileting** Residents requiring some or total assistance in toileting. | 44 | 77.2 | 75.3 | 63.4 |
| **Transferring** Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 78.9 | 77.2 | 66.0 |
| **Continence** Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 75.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.3 | 9.9 | 6.1 |
| **Eating** Residents receiving tube feedings or requiring assistance with eating. | 21 | 36.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 15 | 26.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 26 | 45.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 24 | 42.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 10 | 17.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EVERGREEN MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| NORTH ST | | SACO ME 04072 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 42 | PROPRIETARY | 10/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 41 | 0 | 24 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 34 | 82.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 87.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 30 | 73.2 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 80.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 78.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 29.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 4.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 12 | 29.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 19 | 46.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 20 | 48.8 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 4.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 9.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREENWOOD NURSING CARE CENTER INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 341 MAIN STREET | | SANFORD ME 04073 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 96 | PROPRIETARY | 05/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 31 | 0 | 27 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 26 | 83.9 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 30 | 96.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 67.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 83.9 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 16.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 5 | 16.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 9 | 29.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 21 | 67.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 11 | 35.5 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLCREST SKILLED CARE DIV

| Street Address: | | City and State: | |
|---|---|---|---|
| HILLCREST DR | | SANFORD ME 04073 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 102 | NON-PROFIT PRIVATE | 11/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 91 | 1 | 78 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 66 | 72.5 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 82 | 90.1 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 77 | 84.6 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 76 | 83.5 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 81.3 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 39 | 42.9 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 35.2 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.1 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 45 | 49.5 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 39 | 42.9 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 45 | 49.5 | 55.2 | 58.4 |
| **Residents with bed sores.** | 7 | 7.7 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 53 | 58.2 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAINE STAY NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 291 MAIN ST | | SANFORD ME 04073 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 46 | PROPRIETARY | 09/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 44 | 0 | 27 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 75.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 35 | 79.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 77.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 68.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 81.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 40.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 23 | 52.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 18 | 40.9 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 35 | 79.5 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 36 | 81.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SANFORD HEALTH CARE FACILITY

| Street Address: | | City and State: | |
|---|---|---|---|
| 179 MAIN ST | | SANFORD ME 04073 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 31 | PROPRIETARY | 01/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 26 | 0 | 17 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 24 | 92.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 24 | 92.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 80.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 61.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 23.1 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 30.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 10 | 38.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 11 | 42.3 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 15 | 57.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 7.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 8 | 30.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PINE POINT MANOR NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| PINE POINT RD | | SCARBOROUGH ME 04074 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 62 | PROPRIETARY | 01/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 61 | 0 | 54 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 52 | 85.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 91.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 56 | 91.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 91.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 67.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 29.5 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 13 | 21.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 15 | 24.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 40 | 65.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 7 | 11.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CEDAR RIDGE NURSING HOME, INC.

| Street Address: | | City and State: | |
|---|---|---|---|
| 234 MADISON AVE | | SKOWHEGAN ME 04976 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 50 | PROPRIETARY | 05/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 50 | 0 | 42 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 92.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 48 | 96.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 50 | 100 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 90.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 90.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 40.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 18 | 36.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 23 | 46.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 22 | 44.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 6.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 9 | 18.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WOODLAWN HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 91 W FRONT ST | | SKOWHEGAN ME 04976 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 50 | PROPRIETARY | 03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 49 | 0 | 34 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 100 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 89.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 87.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 87.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 38.8 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 18 | 36.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 20.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 35 | 71.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 6.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 5 | 10.2 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MARKET SQ HLTH CARE FAC

| Street Address: | | City and State: | |
|---|---|---|---|
| 12 MARKET SQUARE | | SOUTH PARIS ME 04281 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 109 | PROPRIETARY | 03/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 105 | 0 | 96 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 77 | 73.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 98 | 93.3 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 73 | 69.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 86 | 81.9 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 71.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 37 | 35.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.9 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 32 | 30.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 27 | 25.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 64 | 61.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 7 | 6.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 71 | 67.6 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SWAMPSCOTTA NURSING HOME + ANNEX

| Street Address: | | City and State: | |
|---|---|---|---|
| ROUTE 302 | | SOUTH WINDHAM ME 04082 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 36 | PROPRIETARY | 08/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 36 | 0 | 33 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 24 | 66.7 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 25 | 69.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 23 | 63.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 94.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 80.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 25.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.8 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 15 | 41.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 10 | 27.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 32 | 88.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 5.6 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 34 | 94.4 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AMENITY MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 29 ELM ST | | TOPSHAM ME 04086 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 69 | PROPRIETARY | 12/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 57 | 0 | 40 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 54 | 94.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 41 | 71.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 82.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 84.2 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 24.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 8 | 14.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 33 | 57.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 12 | 21.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 50 | 87.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 20 | 35.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPH NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| MAIN ST | | UPPER FRENCHVILLE ME 04784 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 40 | PROPRIETARY | 09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 40 | 0 | 40 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 39 | 97.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 95.0 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 25 | 62.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 65.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 45.0 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 18 | 45.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 35.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 12 | 30.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 14 | 35.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 15 | 37.5 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 0 | 0.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BORDERVIEW MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| STATE ST | | VAN BUREN ME 04785 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 82 | PROPRIETARY | 04/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 79 | 0 | 72 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 54 | 68.4 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 58 | 73.4 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 41 | 51.9 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 74.7 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 40.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.3 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 24.1 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 13 | 16.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 19 | 24.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 35 | 44.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 2.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 12 | 15.2 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VOLMER NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| RFD | | VASSALBORO ME 04989 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 30 | PROPRIETARY | 07/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 30 | 0 | 25 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 27 | 90.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 26 | 86.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 18 | 60.0 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 100 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 63.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 16.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 3.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 7 | 23.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 8 | 26.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 19 | 63.3 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 4 | 13.3 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FIELDCREST NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| DEPOT ST | | WALDOBORO ME 04572 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 70 | PROPRIETARY | 08/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 70 | 0 | 36 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 57.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 68 | 97.1 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 54 | 77.1 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 74.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 74.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 32.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 14 | 20.0 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 39 | 55.7 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 42 | 60.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 47 | 67.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL HOUSE MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 110 COLLEGE AVE | | WATERVILLE ME 04901 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 74 | PROPRIETARY | 03/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 71 | 0 | 41 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 55 | 77.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 78.9 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 48 | 67.6 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 64.8 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 67.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 16.9 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 31 | 43.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 18 | 25.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 53 | 74.6 | 65.7 | 55.8 |
| **Residents with bed sores.** | 5 | 7.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 28 | 39.4 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAKEWOOD MANOR NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 220 KENNEDY MEM DR | | WATERVILLE ME 04901 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 75 | PROPRIETARY | 10/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 74 | 0 | 59 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 69 | 93.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 87.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 59 | 79.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 85.1 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 51.4 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 25.7 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.1 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 26 | 35.1 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 26 | 35.1 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 41 | 55.4 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 4.1 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.1 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MT ST JOSEPH NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| HIGHWOOD ST | | WATERVILLE ME 04901 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 77 | NON-PROFIT RELIGIOUS | 12/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 77 | 0 | 63 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 73 | 94.8 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 76 | 98.7 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 66 | 85.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 61 | 79.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 68.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 40.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 4 | 5.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 33 | 42.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 34 | 44.2 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 46 | 59.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 1 | 1.3 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 77 | 100 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WATERVILLE CONV CENTER

| Street Address: | | City and State: | |
|---|---|---|---|
| COOL ST | | WATERVILLE ME 04901 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 78 | PROPRIETARY | 10/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 77 | 0 | 58 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 62 | 80.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 61 | 79.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 48 | 62.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 66.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 46.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 27.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 15 | 19.5 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 20 | 26.0 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 46 | 59.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 23 | 29.9 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEDGEVIEW MEM HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| ROUTE 26, BOX 3420 | | WEST PARIS ME 04281 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 124 | NON-PROFIT RELIGIOUS | 05/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 120 | 0 | 88 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 88 | 73.3 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 101 | 84.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 82 | 68.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 89 | 74.2 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 62.5 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 5.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 36 | 30.0 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.7 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 43 | 35.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 29 | 24.2 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 50 | 41.7 | 65.7 | 55.8 |
| **Residents with bed sores.** | 8 | 6.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 15 | 12.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| RT 3-OLD LEWISTON RD | | WINTHROP ME 04364 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 56 | PROPRIETARY | 04/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 54 | 0 | 37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 81.5 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 85.2 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 42 | 77.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 81.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 92.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 27.8 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 44.4 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 29 | 53.7 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 15 | 27.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 34 | 63.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 2 | 3.7 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 15 | 27.8 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NICHOLSON NURSING HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| 11 WESTERN AVE | | WINTHROP ME 04364 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 46 | PROPRIETARY | 09/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 44 | 0 | 29 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 100 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 81.8 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 72.7 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 75.0 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 81.8 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 27.3 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 28 | 63.6 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 31.8 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 37 | 84.1 | 65.7 | 55.8 |
| **Residents with bed sores.** | 3 | 6.8 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 10 | 22.7 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRENTWOOD MANOR

| Street Address: | | City and State: | |
|---|---|---|---|
| 122 PORTLAND ST | | YARMOUTH ME 04096 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 73 | PROPRIETARY | 01/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 71 | 0 | 35 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 66 | 93.0 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 91.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 60 | 84.5 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 70.4 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 67.6 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 35.2 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.2 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 8 | 11.3 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 26 | 36.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 49 | 69.0 | 65.7 | 55.8 |
| **Residents with bed sores.** | 6 | 8.5 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 12 | 16.9 | 37.1 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COASTAL MANOR NURSING HOME INC

| Street Address: | | City and State: | |
|---|---|---|---|
| 10 W MAIN ST | | YARMOUTH ME 04096 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 46 | PROPRIETARY | 09/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 43 | 0 | 25 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 31 | 72.1 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 26 | 60.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 30 | 69.8 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 53.5 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 72.1 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 11.6 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 32.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 15 | 34.9 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 14 | 32.6 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 18 | 41.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 5 | 11.6 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HARBOR HOME

| Street Address: | | City and State: | |
|---|---|---|---|
| NORWOOD FARMS RD | | YORK HARBOR ME 03911 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICAID ICF | 79 | PROPRIETARY | 12/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 76 | 0 | 53 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 67 | 88.2 | 82.1 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 85.5 | 87.2 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 61 | 80.3 | 75.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 61 | 80.3 | 77.2 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 80.3 | 72.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.9 | 9.9 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 27.6 | 32.2 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.3 | 1.9 | 3.6 |
| **Residents confined to chairs.** | 31 | 40.8 | 35.2 | 39.1 |
| **Residents requiring restraints.** | 33 | 43.4 | 43.0 | 31.7 |
| **Confused or disoriented residents.** | 44 | 57.9 | 65.7 | 55.8 |
| **Residents with bed sores.** | 6 | 7.9 | 13.3 | 4.7 |
| **Residents receiving special skin care.** | 11 | 14.5 | 37.1 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 2 | 1.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 2 | 1.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.8 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 14 | 11.2 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 35 | 28.0 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 1.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 1 | 0.8 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 1.6 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 11 | 8.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 27 | 21.6 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 9 | 7.2 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 4 | 3.2 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 28 | 22.4 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 6 | 4.8 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 3 | 2.4 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 24 | 19.2 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 15 | 12.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 10 | 8.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 8 | 6.4 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 10 | 8.0 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 2 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 7 | 5.6 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 7.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 8 | 6.4 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 5 | 4.0 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 1.6 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 5 | 4.0 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# YORK HOSP-ECF

| Street Address: | | City and State: | |
|---|---|---|---|
| 15 HOSPITAL DR | | YORK ME 03909 | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF | 86 | NON-PROFIT OTHER | 03/30/88 |

## SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 15 | 7 | 7 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 13 | 86.7 | 84.2 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 14 | 93.3 | 86.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 13 | 86.7 | 80.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 15 | 100 | 80.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 100 | 77.7 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 6.7 | 10.1 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 33.3 | 34.9 | 37.7 |
| **Completely bedfast residents.** | 1 | 6.7 | 2.6 | 3.4 |
| **Residents confined to chairs.** | 8 | 53.3 | 42.1 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 38.5 | 41.3 |
| **Confused or disoriented residents.** | 4 | 26.7 | 55.2 | 58.4 |
| **Residents with bed sores.** | 5 | 33.3 | 4.9 | 7.1 |
| **Residents receiving special skin care.** | 10 | 66.7 | 50.2 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 4.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 3 | 14.3 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 9.5 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 4 | 19.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 2 | 9.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 8 | 38.1 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 4 | 19.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 4 | 19.0 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 0 | 0.0 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.8 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.5 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.8 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 4 | 19.0 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 3 | 14.3 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 2 | 9.5 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 0 | 0.0 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 1 | 4.8 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.5 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 0 | 0.0 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 4 | 19.0 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 2 | 9.5 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



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